

BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: 8/18/04

Division: Monroe County Health Dept

Bulk Item: Yes X No

Department: Administration

AGENDA ITEM WORDING:

Approval of an agreement between Monroe County Health Department and Monroe County

ITEM BACKGROUND:

An agreement between MCHD and Monroe County Social Services is needed in order to share medical information about clients who may be housed in the Special Needs Shelters.

PREVIOUS RELEVANT BOCC ACTION:

N/A

CONTRACT/AGREEMENT CHANGES:

STAFF RECOMMENDATIONS:

Approval

TOTAL COST: 0

BUDGETED: Yes No

COST TO COUNTY: 0

SOURCE OF FUNDS:

REVENUE PRODUCING: Yes No AMOUNT PER MONTH Year

APPROVED BY: County Atty OMB/Purchasing Risk Management

DIVISION DIRECTOR APPROVAL:

Susana May, MD, MPH

DOCUMENTATION: Included X To Follow Not Required

DISPOSITION:

AGENDA ITEM # K1

MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

CONTRACT SUMMARY

Contract with: Monroe County Health Contract # _____
Department Effective Date: 8/18/04
 Expiration Date: _____

Contract Purpose/Description:
 An agreement between MCHD and Monroe County Social Services is needed
 in order to share medical information about clients who may be housed
 in the Special Needs Shelters

Contract Manager: Celeste Bruno Administration #2
 (Name) (Ext.) (Department/Stop #)

for BOCC meeting on 8/18/04 Agenda Deadline: 8/3/04

CONTRACT COSTS

Total Dollar Value of Contract: \$ 0 Current Year Portion: \$ _____
 Budgeted? Yes ☐ No ☐ Account Codes: _____
 Grant: \$ _____
 County Match: \$ _____

ADDITIONAL COSTS

Estimated Ongoing Costs: \$ 0 /yr For: _____
 (Not included in dollar value above) (eg. maintenance, utilities, janitorial, salaries, etc.)

CONTRACT REVIEW

	Date In	Changes Needed	Reviewer	Date Out
Division Director	<u>8/3/04</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>[Signature]</u> MD	<u>8/4/04</u>
Risk Management	<u>8-30-04</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>[Signature]</u>	<u>8-3-04</u>
O.M.B./Purchasing	<u>08/03/04</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>[Signature]</u>	<u>8/4/04</u>
County Attorney	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	please see attached signature on document	

Comments: _____

Business Associate Agreement

This Business Associate Agreement (this "B.A. Agreement"), dated _____ 2004 is entered into by and between Monroe County Health Department, with an address at 1100 Simonton Street, Key West, FL (the Business Associate) and Monroe County (the physician's business entity) with an address at 1100 Simonton Street, Key West, FL (the Covered Entity) (each a Party and collectively the Parties)

The Parties provide for Health Services in Special Needs Shelters. Performance of service may involve Protected Health Information (as defined in 45 C.F.R § 164.501) that is subject to the federal privacy regulations issued pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and codified at 45 C.F.R parts 160 and 164 (the "privacy Rule"). The purpose of the B.A. Agreement is to allow for the Covered Entity's compliance with the Privacy Rule with respect to this Underlying Agreement.

The Parties hereby agrees as follows:

1. Definitions (Required provisions)
 - 1.1 Unless otherwise specified in this B.A. Agreement, all capitalized terms used in this B.A. Agreement not otherwise defined have the meaning established for the purposes of Title 45 parts 160 and 164 of the United States Code of Federal Regulations, as amended from time to time.
 - 1.2 "PHI" shall mean Protected Health Information, as defined in 45 C.F.R § 164.501, limited to the information received from or created or received on behalf of Covered Entity.
2. Responsibilities of Business Associate (Required provisions)
 - 2.1 Except as otherwise specified herein, Business Associate may make any and all uses and disclosures of PHI necessary to perform obligations under the Underlying Agreement. With regard to its use and/ or disclosure of PHI, Business Associate agrees to:
 - a) use and/or disclose PHI only as permitted or required by this B.A. Agreement or required by law;
 - b) use appropriate safeguards to prevent use or disclosure of PHI other than as permitted or required by this B.A. Agreement;
 - c) report to Covered Entity any use or disclosure of PHI of which it becomes aware that is not permitted or required by this B.A. Agreement;

- d) require all its subcontractors and agents that create, receive, use, disclose or have access to PHI to agree, in writing, to the same restrictions and conditions on the use and/or disclosure of PHI that apply to Business Associate;
- e) make available its internal practices, books, and records relating to the use and disclosure of PHI to the Secretary of the Department of Health and Human Services ("HHS") for the purposes of determining Covered Entity's compliance with the Privacy Rule;
- f) within _____ days (must be less than 60 days) of receiving a written request from Covered Entity, make available information necessary for Covered Entity to make an accounting of disclosures of PHI about and individual; and
- g) mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this B.A. Agreement.

(Required: choose one as appropriate)

2.2 Option A: The Parties agree that the information in the Business Associates possession does not constitute a Designated Record Set.

Option B: The Parties agree that the PHI in the Business Associate's possession constitutes a Designated Record Set. With regard to PHI maintained in a Designated Record Set, Business Associate agrees to:

- a) within _____ days (must be less than 30 days) of receiving a written request from Covered Entity, make available PHI necessary for Covered Entity to respond to individuals' request for access to PHI about them; and
- b) within _____ days (must be less than 60 days) of receiving a written request from Covered Entity, incorporate any amendments or corrections to PHI in accordance with the Privacy Regulation.

3. Permitted Uses and Disclosures of PHI (may be needed by BA in order to provide services to the physician's practice)

3.1 Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or required by this B.A. Agreement or required by law, Business Associate may:

- a) use the PHI in its possession for its proper management and administration and to fulfill any legal responsibilities of Business Associate;
- b) disclose the PHI in its possession to a third party for the purpose of the Business Associate's proper management and administration or to fulfill any legal responsibilities of the Business Associate; provided, however, that the disclosures are required by law or the Business Associate has received from the third party written assurances that (i) the information will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) the third party will notify the Business Associate of any instances of which it becomes aware in which the confidentiality of the information has been breached;
- c) perform Data Aggregation for the Health Care Operations of the Covered Entity;
- d) de-identify any and all PHI created or received by the Business Associate under this B.A. Agreement; provided, however, that the de-identification conforms to the requirements of the Privacy Rule. Such resulting de-identified information would not be subject to the terms of the B.A. Agreement; and
- e) create a Limited Data Set and use such Limited Data Set pursuant to a Data Use Agreement that meets the requirements of the Privacy Rule.

4. Responsibilities of the Covered Entity (Important to comply with HIPAA)

- 4.1 With regard to the use and/or disclosure of PHI by the Business Associate, the Covered Entity agrees:
 - a) to obtain any consent, authorization or permission that may be required by the Privacy Rule or applicable state laws and/or regulations prior to furnishing Business Associate the PHI pertaining to the individual; and

- b) that it will inform Business Associate of any PHI that is subject to any arrangements permitted or required of the Covered Entity under the Privacy Rule that may materially impact in any manner the use and/or Disclosure of PHI by the Business Associate under this B.A. Agreement, including, but not limited to, restrictions on the use and/or disclosure of PHI as provided for in 45 C.F.R § 164.522 and agreed to by Covered Entity.

5. B.A. Agreement Effective Date

- 5.1 Each term and condition of this B.A. Agreement shall be effective on the compliance date applicable to the Covered Entity under the Privacy Rule (B.A. Effective Date).

6. Term and Termination (Required provisions)

- 6.1 Termination by the Covered Entity Upon Covered Entity's determination of a breach of a material term of this B.A. Agreement by the Business Associate, the Covered Entity shall provide the Business Associate written notice of that breach in sufficient detail to enable Business associate to understand the specific nature of that breach and afford Business Associate an opportunity to cure the breach; provided, however, that if Business Associate fails to cure the breach within a reasonable time specified by Covered Entity, Covered Entity may terminate this B.A. Agreement and the Underlying Agreement to the extent that the Underlying Agreement requires the Business Associate to create or receive PHI.

- 6.2 Effect of Termination or Expiration Within ____ days of the termination or expiration of this B.A. Agreement, the Business Associate agrees to return or destroy all PHI, including such information in possession of the Business Associate's subcontractors, if feasible to do so. If return or destruction of said PHI is not feasible, the Business Associate agrees to extend any and all protections, limitations and restrictions contained in this B.A. Agreement to Business Associate's use and/or disclosure of any PHI retained after the termination or expiration of this B.A. Agreement, and to limit any further uses and/or disclosures to the purposes that make return or destruction of the PHI infeasible. This Section 6.2 shall survive any termination or expiration of this B.A. Agreement.

7. Miscellaneous (Important for legal purposes and clarity- These provisions and any additional requirements should be discussed with your legal advisor)

- 7.1 Change in Law. The Parties agree to negotiate to amend this B.A.

Agreement as necessary to comply with any amendment to any provision of HIPAA or its implementing regulations set forth at 45 C.F.R parts 160 and 164, including, but not limited to, The Privacy regulation, which materially alters either Parties or both Parties obligations under this B.A. Agreement.

7.2 Construction of Terms. The terms of this B.A. Agreement shall be construed in light of any applicable interpretation or guidance on HIPAA and/or Privacy Regulation issued by HHS or the Office of Civil Rights ("OCR") from time to time.

7.3 No Third Party Beneficiaries Nothing in this B.A. Agreement shall confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

7.4 Contradictory Terms Any provision of the Underlying Agreement that is directly contradictory to one or more terms of this B.A. Agreement ("Contradictory Term") shall be superceded by the terms of this B.A. Agreement as of the Amendment Effective Date to the extent and only to the extent of the contradiction, only for the purpose of the Covered Entity's compliance with the Privacy Rule and only to the extent that it is reasonably impossible to comply with both the Contradictory term and the terms of this B.A. Agreement.

IN WITNESS WHEREOF, each of the undersigned has caused this B.A. Agreement to be duly executed in its name and on its behalf effective as of _____ 2004.

COVERED ENTITY

BUSINESS ASSOCIATE

By: _____

By: _____

Print Name _____

Print Name: _____

Print Title: _____

Print Title: _____

Date: _____

Date: _____

APPROVED AS TO FORM
SUZANNE A. HUTTON
ASSISTANT COUNTY ATTORNEY
8/19/04